

(1) PLACE OF BIRTH

County of Speckinberry

Township of

or

Inc. Town of.....

DT

City of San Francisco

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

BOY OR GIRL?

A

(4) Twin
of Trolu?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

4

(6) Are Parents Married?

1(7) DATE OF

BIRTH

..... 18

FATHER

B) FULL NAME

FATHER.
Lester Redings

9) PRESENT
POSTOFFICE
OF FATHER

Shalankar, C.

(10) COLOR
OR
FACE

22

(11) AGE AT LAST BIRTHDAY

130
(Years)

125 BIRTHPLACE

E. *Handwritten signature*

13) OCCUPATION

Meer op

20) Number of children born to mother, including present birth

69

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.
on the date above stated.

(Born alive or stillborn) at
Hour A. M. or P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) ~~Address of Physician or Midwife~~

Given name added from a supplemental report

(28) Witnesses

 (Signature of Witness necessary only
 when question 23 is signed by mark)

127 Filed

10-1-19 22 (28) ... Jas. Cooper ... Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child breathes even once, it must not be reported as stillborn. No reports are due or allowed before the fifth month of pregnancy.